

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/587,723		
Filing Date	April 25, 2007		
First Named Inventor	MILLER et al.		
Art Unit	1636		
Examiner Name			
Total Number of Pages in This Submission	65	Attorney Docket Number	8325-0036.31 (S36-US3)

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Third Preliminary Amendment and Response to the Letter Regarding a New Notice and/or Status of the Application (3 pages); Copy of the Letter Regarding a New Notice and/or Status of the Application mailed on December 11, 2009 (1 page); Sequence Listing (60 pages) with CRF of Sequence Listing on diskette; and a Return Receipt Postcard
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Dahna S. Pasternak		
Date	January 6, 2010	Reg. No.	41,411

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Michelle Hobson	Date	January 6, 2010